

Claim for Damages



Department of Executive Services
Risk Management Division
Ph: 206-296-7432
TTY: 800-833-6388

This Box is For Official Use Only.

Alternative Format Available

Notice: No damages can be paid by King County unless a claim complying with Washington State Law is presented to the Clerk of the Council. After filing a claim, please direct all questions to the Office of Risk Management at (206) 296-7432.

Instructions: (1) Complete this form giving specific details about your damage or loss. Include dates, times, witnesses and supporting documents. (2) Sign the form. (3) Return completed form with original signature to **King County Clerk of the Council, Room W-1039, King County Courthouse 516 Third Avenue, Seattle, WA 98104.**

Explanation of claims process: After this claim for damages form is submitted to the King County Clerk of the Council, a claim number will be assigned to your claim and the claim will be transmitted to Risk Management. A Tort Claims Investigator will be assigned to your Claim to conduct an investigation, and will be in contact with you.

County Claim Number / Clerks Date Stamp

Name: _____
First, Middle, Last (or business name)

Address: _____
(Home or business) City State Zip

Business Phone: _____ **Home Phone:** _____ **Message / Cell Phone:** _____

Date of Birth _____ **Social Security Number (Optional):** _____

Address six months before loss / incident occurred: _____
Address City State Zip

Date of Incident: _____ **Time of Incident:** _____ **Amount Claimed: \$** _____

Location of loss/incident: _____

Description of Details (Describe how the loss / incident occurred): _____

(Additional space provided on next page if necessary).

King County's Involvement (if possible, please identify employee and/or department involved):

Witnesses (please provide addresses and phone numbers):

(1) _____ (2) _____ (3) _____

Complete this section for Metro Transit claims.

Route Number _____ **Coach / Vehicle Number** _____ **Coach / Vehicle License Number** _____

I was a: Bus Passenger Pedestrian Driver of Another Vehicle Passenger in Another Vehicle
Other (Describe): _____

Property Damage (please describe the value and extent of the damage to your home, automobile or personal property. Attach estimates, bills or whatever documentation of damages you may have): _____

Model _____ **Make** _____ **Year** _____ **License Number** _____ **Insurance Name** _____ **Policy Number** _____

Were you injured? No Yes If yes, then complete the following:

Describe your injury (Identify your doctors(s)/healthcare provider(s)): _____

Are you still receiving medical treatment? Yes No **Employer:** _____

Wage Loss? Yes No If Yes, rate of pay: _____ **Type of work:** _____

" I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct."

(Date and Place (City, State))

Signature

[illegible]